

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Application Number	10/537592
Filing Date	CONCURRENTLY
First Named Inventor	SIFEN LOU
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	US020477

To Commissioner For Patents

Enclosed herewith is a Form PTO-1449, any required copies of documents listed thereon, and any concise explanation of their relevance is indicated below per 37 CFR 1.97.

☒ Please charge any required fee under §1.17(i) or §1.17(p) or any other required fee (except the issue fee) to Account No. 14-1270.

1. ☐ I certify that these documents were first cited in any communication from a foreign Patent Office in a counterpart foreign application not more than three (3) months ago.
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☐ A copy of the citations is not required because they were previously submitted or cited in the parent application (or in U.S. patent application Ser. No. _____ Filing Date _____) relied on for an earlier effective filing date under 35 U.S.C. 120).

☒ A copy of the U.S. patent(s) and patent application publication(s) in all U.S. national patent applications filed after June 30, 2003, and in all international applications that have entered the national stage under 35 USC § 371 after June 30, 2003 under 37 CFR 1.491(b), are not required.

☐ A concise explanation of the relevance of each non-English document, as understood by the individual designated in §1.56(c) most knowledgeable about the contents, is enclosed per §1.98(a)(3).


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☒ cited in the specification or considered in drafting the specification of this application;

☐ previously submitted or cited in the parent application (or in a related patent application Ser. No. _____ Filing Date: _____);

☒ cited as an "X" or "Y" document in a foreign Patent Office search report in a foreign counterpart application, a copy of which report is also enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Aaron Waxler	Registration No. (Attorney/Agent)	48,027
Signature		Date	5/20/05

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Substitute for form 1449/PTO

(Use as many sheets as necessary)

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